## ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1 Rev. 4/96

Insurer Name:	GEICO Indemnity Company		<del>.</del>	Contact Pe	rson: <u>Maria Papagjika</u>
NAIC Number:	22055			Signature:	
Name of Advisory Or	rganization Whose Filing Yo	u Are Referencing <u>N/A</u>		Telephone	No: <u>301-986-3792</u>
Co. Affiliation to Advi	isory Organization: Member_	SubscriberService Purchaser_			
Reference Filing #:	N/A	Proposed Effective Date:	6/15/06		

			FOR LOSS COSTS ONLY				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Indicated	Requested		Loss Cost	Selected	Expense	Co. Current
LINE OF INSURANCE	% Rate	% Rate	Expected	Modification	Loss Cost	Constant	Loss Cost
By Coverage	Level Change	Level Change	Loss Ratio	Factor	Multiplier	(If Applicable)	Multiplier
Bodily Injury	4.1%						
Property Damage	-1.2%						
Uninsured/Underinsured Motorists	24.2%	5.0%					
Medical Payments/Medical Benefits	9.0%	9.7%					
Uninsured Motorists Property Damage	-5.7%	0.0%					
Collision	-12.9%						
Comprehensive	-18.9%	-3.3%					
	_						
	_						
	_						
	_						
	_						
	-						
	1						
TOTAL OVERALL EFFECT	-2.5%	-0.2%					

N Apply Lost Cost Factors to Future Filings? (Y or N)

Rate Change Hist

Policy Cnt %

4.2

3.0

0.4

1,853

2,031

2,488

2,868

3,158

Year

2001

2002

2003

2004

2005

Eff. Date

5/7/2001

10/7/2002

12/15/2003

Corresponds to Question 3 on RF-2 or RF-WC

SEE EXHIBIT 5.1 FOR THE BELOW

F. TOTAL

Selected Provisions

## 5 Year History

2,729

53.70%

5,084

AR Earned	Incurred	Arkansas	Countrywide	A. Total Production Expense	-
Premium (000)	Losses (000)	Loss Ratio	Loss Ratio	B. General Expense	
2,796	1,801	64.40%	72.00%	C. Taxes, License & Fees	
2,918	1,604	55.00%	63.70%	D. Underwriting Profit &	
3,556	2,179	61.30%	66.00%	Contingencies	
4,380	2,759	63.00%	59.50%	E. Other (explain)	
				,	

63.90%

<sup>33.9%</sup> Estimated Maximum Rate Increase for any Arkansas Insured (%)

\_-27.3% Estimated Maximum Rate Decrease for any Arkansas Insured (%)